ILLINOIS HIV PLANNING GROUP ILHPG NEWSLETTER

Newsletter 11 FALL 2015

CALENDAR OF EVENTS

August 26, 2015: RW Advisory Group Meeting – Rockford
August 27, 2015 (morning): RW Advisory Group Meeting– Rockford
August 27, 2015 (afternoon): ILHPG/RW Advisory Group Integrated HIV Planning Meeting– Rockford
August 28, 2015: ILHPG Meeting –Rockford
October 27, 2015, 12:30-1:30 PM: ILHPG Business Meeting –Springfield Hilton Hotel,
October 27, 2015, 2-6 PM: ILHPG/RW Advisory Group Integrated Planning Dinner Meeting – Springfield Hilton Hotel
October 28-29, 2015: IDPH HIV/STD Conference - Springfield Hilton Hotel

UPDATES FROM THE CO-CHAIRS

Good day! We want to personally thank all ILHPG and community members who participated in our June 12th ILHPG meeting in Effingham. It was a good opportunity to receive input from our community stakeholders in Regions 5 and 6.

Thanks to all of our agency liaisons, prevention lead agents, and regional implementation group (RIG) reps who provided updates and brought issues affecting HIV prevention services to the forefront for discussion and hopefully, problem solving. Thanks also to Jamie Burns for her "Results of the 2015 Provider Survey" presentation.

Joan Stevens-Thome, as always, sparked conversation among participants, when she provided an update on preliminary discussions the ILHPG Interventions and Services Committee and IDPH HIV Prevention Program staff have had regarding measuring and strengthening the effectiveness of Group Prevention and Support (GPS) and Risk Reduction Counseling (RRC) when they are provided as stand-alone interventions. While there is further to discuss, we are on the right track towards ensuring the interventions we fund with our limited prevention dollars are effective in producing client behavioral changes and in reducing risk for HIV infection.

The presentation and group discussion on "Engaging Youth, Especially LGBTQ, Youth in HIV Planning" was important and sparked some good recommendations that this group can implement to engage more youth in HIV planning. Youth do not need to serve directly as ILHPG voting members as long as we bring their voices to the table!

The June meeting sparked the kickoff of new member recruitment for 2016! We established priorities for new member recruitment and now ask our membership and community partners to spread the word about our work . We need help identifying interested and talented community representatives who are willing and able to commit to membership.

New member applications for 2016 can be found on the ILHPG website (http://www.ilhpg.org/) or by contacting Janet Nuss, the ILHPG Coordinator, at janet.nuss@illinois.gov.

Submitted by Janet Nuss, IDPH ILHPG Coordinator and Co-chair and Tobi-Velicia Johnson, ILHPG Community Co-chair

INTEGRATED PLANNING STEERING COMMITTEE UPDATE

The second integrated HIV care/prevention planning meeting was held on June 11th in Effingham. There were 74 people in attendance. We thank everyone who attended and who assisted with the planning and management of the meeting.

Janet Nuss and Valerie Johansen, two members of the Integrated Planning Steering Committee, provided an update on committee activities since March. The committee had thoroughly reviewed and discussed the evaluations of the March meeting and recommended changes to the meeting format, including shortening presentations (30 mins. maximum), less data-heavy presentations, and inclusion of time for questions. The committee also suggested we include a time after each presentation for breakout discussions directly related to the prior presentations and based on identifying needs, gaps, challenges, and barriers to the principles of the HIV Care Continuum. The committee had not yet received the Integrated Plan guidance from CDC and HRSA, but had been told to expect the guidance by June. The committee relayed that it hoped to receive the guidance, have an opportunity to review and discuss it, and then provide an overview of the guidance to the group at the upcoming August meeting. We should have a preliminary plan of action in place by that time on how will proceed with development of the plan, how the efforts of the Integrated Planning Group meetings will contribute to that, and any recommended activities in preparation for development of the plan.

The group was reminded that while there are differences in the way prevention and care entities function, we can still have an honest and respectful discussion of issues, despite differences that may present challenges. We are here to identify and solve those issues because they may interfere with our ability to provide comprehensive, quality HIV prevention and care for people at high risk of HIV infection and for people living with HIV.

At the June meeting there was a Region 5 panel presentation, comprised of the Region 5 care and prevention lead agents, the disease investigation service worker, the peer navigator, and the client representative. In addition, there were presentations and discussion on HIV care and prevention service delivery in Illinois, highlighting any deficiencies, gaps and barriers, as well as identifying any methods that had been implemented to address those.

As previously mentioned, at the meeting, there were breakout group discussions, broken out by region and tables, after each presentation. We thank everyone who contributed by bringing issues, comments, and ideas, to the table for discussion. There was not time for the members at the tables to share their comments with the larger group after the breakouts, but the discussion notes from each table were collected and compiled into a report that was shared with the group. By the time that report was drafted, IDPH had received the Integrated Plan Guidance from CDC and HRSA, so we were able to categorize and group the responses by the various types of needs, gaps, and barriers identified in the guidance. Continuing this process

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INTEGRATED PLANNING STEERING COMMITTEE UPDATE

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will greatly enhance our ability to prepare for development on the Integrated HIV Prevention and Care Plan next year and will be an integral part of our comprehensive regional and state needs assessment.

We are starting to see channels of communication opening and expanding and programs working collectively to address issues in their regions and at the state level. This is great!! To encourage this regional collaboration, we plan to continue to assign seating so that tables are primarily composed of other representatives from the same region.

The Integrated Planning Steering Committee is open to ideas, so please share your thoughts in the next meeting evaluation or feel free to speak directly with the co-chairs or members.

Submitted by Janet Nuss, ILHPG Coordinator, ILHPG Co-chair, Integrated Planning Steering Committee Co-chair, Illinois Department of Public Health

CHICAGO TEENS ARE SPREADING THE WORD ABOUT HIV PREVENTION AMONG THEIR PEERS

Submitted by Cynthia Tucker, AIDS Foundation of Chicago, Vice President of Prevention and Community Partnerships, ILHPG member

Written by Sam P.K. Collins Posted on March 27, 2015 at 8:00 am
http://thinkprogress.org/health/2015/03/27/3639628/chicago-teens-hiv-prevention/

Since the mid-2000s, black women and girls have borne the weight of Chicago's HIV epidemic, accounting for more than 70 percent of new cases even though they represent less than 40 percent of the city's female population. Health experts speculate that the disparities persist to this day — due in part to health officials' failure to tailor treatment and prevention options to this group. That's what members of the AIDS Foundation of Chicago want to change through a new community partnership named Project Elevate. Under the collaborative effort between the foundation, the city's health department, and other partners, more than a dozen young women between the ages of 13 and 24 will take the streets of Chicago by storm and spread information about STD prevention among their peers.

Alan D. Johnson, Project Elevate's program manager, said this project differs from its predecessors because it places much of the onus on its youth expert advisory board — a group comprised of more than a dozen young women and transgender women of color — to understand the barriers to access and use their influence among their contemporaries to create a wave of change in their communities. "It's important that we meet the youth where they are and allow them to lead this movement," Johnson, a three-year member of the AIDS Foundation of Chicago, told ThinkProgress. The teens will engage fellow young people through workshops, social media marketing, and a mobile app. Project Elevate comes on the heels of other HIV/AIDS prevention and awareness activities that the AIDS Foundation has hosted throughout the month of March, including confidential HIV testing and counseling at a local nail salon, a community event for teens, a community forum, and female condom advocacy training. Each event provided young women an opportunity to engage in honest discussion about HIV/AIDS and learn about community resources that are at their disposal. Johnson said he wants to create a similar atmosphere through the Project Elevate program. For him, that meant choosing the right women to lead the battle against HIV/AIDS.

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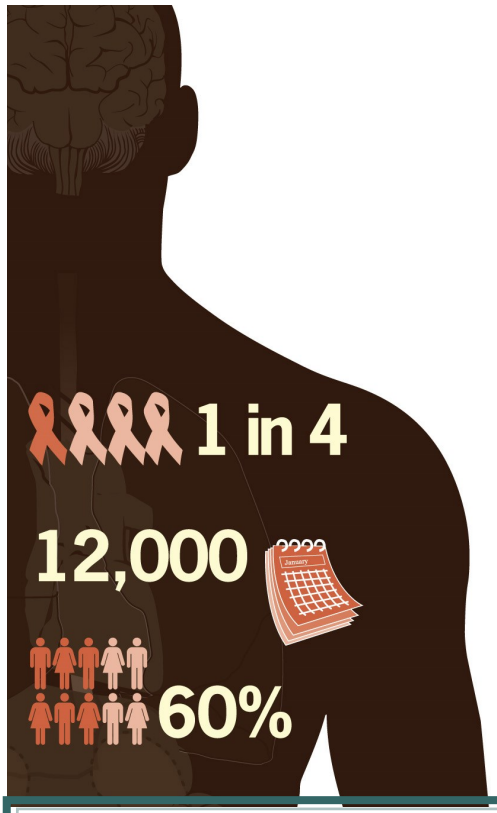

1-4 new HIV infections occurs in youth ages 13 to 24 years
About 12,000 youth in 2010, or about 1000 per month, were infected with HIV.
About 60% of all youth with HIV do not know they are infected, are not getting treated, and can unknowingly pass the virus on to others.

CHICAGO TEENS ARE SPREADING THE WORD ABOUT HIV PREVENTION AMONG THEIR PEERS

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Our advisory board includes young women between the ages of 13 and 24 with a vested interest in raising awareness around sexual health," he explained. "We wanted a body that represented the woman and transwoman population. Some of these women have volunteered with various programs and are aware of the problem. They will undergo trainings about sexually transmitted infections and awareness. We will look at new technology and expand that knowledge that some of the ladies may have already. Something like this takes some time but once we get it up and running, then we can get going." When the 15 young ladies get started, they will have quite a bit of work ahead of them. Black women contract HIV 19 times more than their white counterparts and six times that of Latinas, according to a health profile compiled by Northwestern University Feinberg School of Medicine. Most black women who received a diagnosis did so through heterosexual contact and injection drug use. In the aggregate, blacks who live in low-income communities account for the majority of Chicago's new HIV cases, standing at an astounding 66 percent as of 2008. Health officials say that those most at risk of contracting and spreading HIV are those who don't know they have the disease and engage in risky sexual behavior. Most young Americans who are HIV-positive don't realize they are infected.

The public school district is contributing to the prevention efforts. In 2013, the Chicago Board of Education passed a policy to mandate sexual education in each grade, starting in kindergarten. Under the policy, students learn the basics of human anatomy, reproduction, healthy relationships, and personal safety. Lessons in higher grades focus on family, appropriate/inappropriate touching, puberty, and HIV — with discussions dispelling myths about how sexually transmitted diseases spread, and stressing the importance of contraception. For Chicago high school student Jadah Keith, however, these changes don't go far enough. Jadah, a student at Whitney Young Magnet High School and a Project Elevate youth expert advisory board member, told ThinkProgress that messages about sexually transmitted diseases that come from students seem more genuine and less preachy, compared to when they come from teachers and other authority figures. "These messages should come from the youth," Jadah, 15, told ThinkProgress."My ultimate goal is to build trust between different people and show the city that youth can talk about sexually transmitted diseases constructively. I know that if the message came from a person my age, it would come across better… I want to talk to my peers and let them know that it's okay to get help if they think they have a sexually transmitted disease or even if they have questions."

This is not a new idea. Peer education has long been touted as an effective means of promoting healthy sexual behavior among teenagers. These methods hinge on the influence that young people have on their friends and the innate knowledge they have about the challenges of being a young person in a new world. There's some evidence that this type of positive peer pressure can really work. Studies have shown that adolescents who believe their peers use condoms are twice as likely to use them. An evaluation of a peer education program similar to Project Elevate found that condom use among the young black female enrollees increased by 11 percentage points. Reports of sex also fell by seven percentage points two weeks after the program wrapped up.

Those are the types of results that Johnson hopes to replicate. He said he ultimately wants to make treatment programs "culturally responsive" so that young women don't face any barriers to using them. "There are so many tools and resources to engage people so we want to make sure that they're comfortable and have agency wherever they go," he said.

MEDICAL MONITORING PROJECT

About the Medical Monitoring Project (MMP)

MMP is a supplemental surveillance project conducted by the Illinois Department of Public Health (IDPH), in collaboration with the Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services' Health Resources and Services Administration (HRSA). Illinois is one of 26 project areas (state and city health departments) nationwide that have been funded to conduct MMP. A sample of 600 HIV infected individuals (400 residing in the city of Chicago and 200 residing outside of Chicago) is selected each year from the National HIV Surveillance System. These individuals must be at least 18 years old and diagnosed with HIV. People who are selected are asked to participate in an interview during which they answer questions about their behavior and HIV medical care. They also give the MMP project staff permission to review their medical chart.

The goals of the project are to provide local and national estimates for the population in care for HIV. Information will be gathered on the following:

Behaviors
Clinical Outcomes
Type and quality of care received
Met and unmet needs for HIV care and prevention services

How the Data Is Used

MMP provides valuable state and national estimates of healthcare utilization, quality of care, severity of need, and effectiveness of prevention messages. MMP data can be used to estimate resource needs for treatment and services for people living with HIV/AIDS. To be effective, programs must meet the current needs of the population. MMP data provide contextual information on prevention, care-seeking, treatment, and risk behaviors that can aid in the design and improvement of HIV programs.

Information gathered for MMP will be used to help people living with HIV/AIDS. Results will be shared with HIV prevention community planning groups, Ryan White CARE Act advisory and planning councils, and facilities that provide care for people living with HIV/AIDS. This information will be used to make evidence-based policy and funding decisions and to guide treatment services for people living with HIV/AIDS in Illinois and across the nation.

Submitted by Cheryl Ward, BA, HIV Surveillance Administrator, and Marti Merritt, MMP Coordinator, Illinois Department of Public Health

STI, Hepatitis B/C, and HIV Screening Recommendations for Pregnant Women
Illinois Department of Public Health

Intrauterine or perinatally transmitted STIs, Hepatitis B/C, and HIV can have debilitating effects on pregnant women, their partners, and their fetuses. All pregnant women and their sex partners should be questioned and if needed, counseled about the possibility of these infections and access to testing and treatment should be provided.

The **Illinois Department of Public Health** has developed this screening guide for all medical providers responsible for the care of pregnant women. This guide follows the Center for Disease Control and Prevention (CDC) national recommendations for screening and treating pregnant women published in the current CDC, STD Treatment Guidelines.

SYPHILIS SCREENING		
TESTING	**Healthcare providers are required by Illinois law (410 ILCS 320/1) to screen all pregnant women for syphilis infection during the first prenatal visit and during the third trimester.** - In the event any blood tests shall show a positive or inconclusive result an additional test or tests shall be performed. - Infants should not be discharged from the hospital unless the syphilis serologic status of the mother has been determined at least one time during pregnancy and preferably again at delivery.	
RISK FACTORS	• More than one sex partner in the previous six months • Evaluation or treatment for an STI	• Behaviors that constitute an increased risk for an STI
RE-TEST	Any woman who delivers a stillborn infant after 20 weeks gestation should be tested for syphilis regardless of risk.	

HIV SCREENING		
TESTING	**Healthcare providers are required by Illinois law (Public Law 95-702) to screen newborns for HIV if mother's HIV status is unknown.** All pregnant women should be screened for HIV during the first prenatal visit. - Screening should be conducted after the woman is notified that she will be screened for HIV as part of the routine panel of prenatal tests, unless she declines (e.g., opt-out screening). For women who decline HIV testing, providers should address their objections and, when appropriate, continue to strongly encourage testing. - Women who decline testing because they have had a previous negative HIV test should be informed of the importance of re-testing during each pregnancy.	
RISK FACTORS	•Recent or current injection-drug use •STIs during pregnancy	•Multiple sex partners during pregnancy •Live in areas with high HIV prevalence or have HIV-infected partners
RE-TEST	Re-testing in the third trimester (preferably before 36 weeks gestation) is recommended for women at high risk for acquiring HIV infection. Rapid HIV screening should be performed on any woman in labor who has an undocumented HIV status unless she declines. If rapid HIV test results are reactive, antiretroviral prophylaxis is recommended prior to confirmatory test results.	

HEPATITIS B SCREENING		
TESTING	All pregnant women should be screened for Hepatitis B surface antigen (HBsAg) during the first prenatal visit of each pregnancy, even if they have been previously vaccinated or tested. Pregnant women who were not screened prenatally should be tested upon admission for delivery.	
RISK FACTORS	• More than one sex partner in the previous six months • Evaluation or treatment for an STI • Recent or current injection-drug use	• HBsAg-positive sex partner • Pregnant women at high risk should be vaccinated for HBV
RE-TEST	Pregnant women who are at high risk for Hepatitis B infection should be re-tested upon admission for delivery.	

HEPATITIS C SCREENING		
TESTING	All pregnant women at high risk should be screened for Hepatitis C during the first prenatal visit.	
RISK FACTORS	• History of injection-drug use	• History of blood transfusion or organ transplantation before 1992

CHLAMYDIA/GONORRHEA SCREENING		
TESTING	All pregnant women should be routinely screened for chlamydia/gonorrhea during the first prenatal visit.	
RISK FACTORS	• Women aged 25 years and younger • Previous chlamydia/gonorrhea or other STI infection • New or multiple sex partners	• Inconsistent condom use • Commercial sex work • Drug use
RE-TEST	Pregnant women found to have chlamydial/gonococcal infection during the first trimester should be re-tested within approximately 3-6 months, preferably in the third trimester. Uninfected pregnant women who remain at high risk for chlamydial/gonococcal infection should be re-tested during the third trimester.	

Physicians needing additional information may contact the Illinois Department of Public Health:

Sexually Transmitted Disease Section:	217-782-2747	8:30 a.m. – 5:00 p.m.
HIV Section:	217-524-5983	8:30 a.m. – 5:00 p.m.
Communicable Disease Section:	217-782-2016	8:30 a.m. – 5:00 p.m.
Illinois Perinatal Hotline:	1-800-439-4079	24/7

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Additional information on the treatment and follow-up of syphilis, HIV, Hepatitis B, Hepatitis C, chlamydia, and gonorrhea is also available by consulting the CDC's "Sexually Transmitted Diseases Treatment Guidelines , 2015" at www.cdc.gov/std/treatment/

THREADING THE NEEDLE - How to Stop the HIV Outbreak in Rural Indiana

Steffanie A. Strathdee, Ph.D., and Chris Beyrer, M.D., M.P.H.

This article appeared in the New England Journal of Medicine June 24, 2015. Excerpts are listed here; the entire article can be viewed at this link http://www.nejm.org/doi/full/10.1056/NEJMp1507252

Submitted by: Lesli Choat – STD Counseling and Testing Coordinator, Viral Hepatitis Prevention Coordinator - Illinois Department of Public Health

Many observers were surprised when Indiana Governor Mike Pence issued an executive order on March 26, 2015, declaring a public health emergency after a rapidly escalating outbreak of human immunodeficiency virus (HIV) was identified in Scott County, a rural region on the Kentucky border. Others, however, had seen it coming.

Over the years, a growing number of young people in Scott County — like those in surrounding counties and states — had begun abusing opiates such as oxymorphone, an opioid analgesic prescribed by local medical providers, until a more tamper-resistant formulation and policy reform began limiting its abuse. Facing the throes of opioid dependence, some users shifted to other potent injectable opioids or to heroin. Although needle-exchange programs can reduce both needle sharing and HIV incidence, they are illegal in Indiana. When needles are in short supply, injection-drug users have little choice but to share. Given increases in injection-drug use in nonurban communities and the high efficiency of HIV transmission through injection, it was only a matter of time before an outbreak ensued. Southeast Indiana had previously recorded only about five cases of HIV infection annually, yet by June 10, 2015, a total of 169 people had been newly diagnosed with HIV in about half a year. More than 80% of them were coinfected with hepatitis C virus (HCV).

The Indiana outbreak provides a cautionary tale. First, the epidemiologic profile of Indiana's HIV outbreak differs markedly from that revealed by historical U.S. HIV–AIDS surveillance data. Since the beginning of the U.S. HIV epidemic, most HIV-positive injection-drug users have been black, older than 35 years of age, male, and urban. Most people diagnosed in the Indiana outbreak live in rural communities and are young (median age, 32 years; range, 18 to 57) and white, and almost half are women — a demographic that mirrors the trend of the current U.S. heroin epidemic.

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THREADING THE NEEDLE - How to Stop the HIV Outbreak in Rural Indiana

Steffanie A. Strathdee, Ph.D., and Chris Beyrer, M.D., M.P.H.

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HIV outbreaks among injection-drug users can escalate quickly. The literature is rife with examples from North America, Southeast and Central Asia, and Eastern Europe, where HIV prevalence among injection-drug users had been below 5% for decades but leapt to 80% or higher within a year owing to continuing high-risk behaviors in the absence of adequate HIV prevention and access to treatment. Such outbreaks can, however, be prevented and even reversed. An explosive HIV outbreak among injection-drug users in Vancouver, British Columbia, which resulted in an HIV incidence of 18.6 per 100 person-years in 1996, was controlled by expansion of needle-exchange programs and provision of opioid-agonist therapy and HAART free of charge through Canada's universal health care system. More recently, providing HIV treatment as prevention reversed the HIV epidemic throughout British Columbia.

Permanently lifting the ban on using federal funds to support needle-exchange programs will be a critical component of HIV prevention, since these programs reduce HIV incidence and front-line exchange workers are often the first people injection-drug users reach out to for help. There are currently 228 known needle-exchange programs in 35 U.S. states, the District of Columbia, the Commonwealth of Puerto Rico, and Indian Nations. However, the federal funding ban limits their scalability and quality of services, including their ability to provide critical ancillary services (e.g., on-site HIV and HCV testing and referrals for drug treatment). States can adapt prescription-drug monitoring programs so they are secure, enable searches in real time, and are used as clinical and public health tools rather than law-enforcement weapons. But such supply-reduction measures will work best when complemented by the harm reduction achievable with opioid-agonist therapy and needle-exchange programs.

Want to learn more? www.cdc.gov/vitalsigns/heroin

HIV CARE AND TREATMENT SAVES LIVES

Across the nation, many in the healthcare field are discussing how to decrease new HIV infections. One key to controlling HIV is early diagnosis, medical care and treatment for those living with the virus. In Illinois, there were 35,953 people living with HIV at the end of 2013, with males comprising the majority. This is a 4.8% increase in the number of people living with HIV since 2012. This increase reflects HIV positive individuals living longer, as well as new diagnoses of HIV.

In 2013, IDPH reported 1,814 new HIV diagnoses and 860 AIDS diagnoses, of which 341 occurred after a previous diagnosis of HIV and 519 were concurrent HIV/AIDS diagnoses. Compared to a year earlier (2012), there was a 2.1% increase in new HIV cases, a 4.9% decrease in AIDS cases, and 2.3% decrease in concurrent diagnoses.

Studies show that only 3 out of 10 Americans living with HIV were documented to have their infections controlled. And, most remarkably, two thirds of those with uncontrolled infections had been diagnosed but were still not in care.

This highlights the urgent need both to reach more people with HIV testing and to help ensure that those who test positive get prompt, sensitive, ongoing comprehensive care and treatment.

Once enrolled in medical care, eligible individuals living with HIV have access to the AIDS Drug Assistance Program (ADAP). Treatment with antiretroviral medication can keep HIV controlled in the body, resulting in an undetectable viral load. This allows people with HIV to live longer, healthier lives and greatly reduces the chance that they will transmit HIV to others.

U.S. guidelines now recommend that everyone with HIV should receive treatment, regardless of their CD4 count or viral load.

Here's what you can do to help stop HIV and help those living with HIV:

First, include HIV testing as a routine, regular part of your medical care. Far too many people with HIV don't know that they are infected. Knowing your status is a critical step to protect your own health and avoid transmission to others.

Second, if you are living with HIV, do everything you can to stay in care and take your medications as prescribed. This may include getting supportive services, such as housing, care for addiction, or help for mental health problems. Staying on HIV medications can give you a normal or nearly normal lifespan, and can reduce risk of transmitting the virus to others by 96%.

You can provide the best possible care for yourself by enrolling in services with your HIV Care Connect Lead Agent. For more information on how to find a service provider in your area, please visit www.hivcareconnect.com.

Data Source: Illinois Department of Public Health HIV/AIDS Surveillance Unit. Data as of Dec. 2014.

Submitted by: Chris Wade, HIV Care Connect Project Coordinator, Illinois Public Health Association, (309)453-9042, cwade@ipha.com

Illinois HIV Care Connect

UPCOMING HIV TRAINING OPPORTUNITIES

Fundamentals of HIV Prevention Counseling Course

Changes are coming to the *Fundamentals of HIV Prevention Counseling Course*. In May, the IDPH HIV Section Training Unit conducted a brief survey to determine our grantees' preferences for the *Fundamentals of HIV Prevention Counseling Course*. Currently, the course is presented in two parts, over two weeks, covering a total of 6 days.

The survey asked grantees what they considered "the best schedule for the *Fundamentals of HIV Prevention Counseling Course*": Six days in two weeks or five days in one week. There were 54 respondents, 70% chose the five days in one week schedule.

When asked, what is "the primary factor that determined their response", 87% of respondents chose "Time away from the office".

Based on the responses to this survey, in September 2015, the *Fundamentals of HIV Prevention Counseling Course* will be delivered in one part, over five consecutive days.

Upcoming Trainings

For those funded for specific HIV prevention strategies/interventions and wanting upcoming training classes, visit **http://www.idph.state.il.us/aids/HIV_Training_Page.htm**. If you have any questions regarding these trainings, contact Sandra Douglas at sandra.douglas@illinois.gov or (217) 524-6795.

- September 14 – 18, 2015
  Fundamentals of HIV Prevention Counseling Course, Part I & II: in Bloomington
- September 29-30, 2015
  Planning, Implementing, and Monitoring an HIV CTR Program Course: in Chicago
- October 7-8, 2015
  Skills Course: Bloomington
- November 16-20, 2015
  Fundamentals of HIV Prevention Counseling Course, Part I & II: in Suburbs

Submitted by Karen Pendergrass, Illinois Department of Public Health, HIV Section Training Administrator

SALUD Y ORGULLO MEXICANO (SOM) PROJECT

The AIDS Foundation of Chicago's Salud y Orgullo Mexicano (SOM) project, recently won an award for its social marketing campaign. Roman Buenrostro, Director of Special Projects coordinates the program. This Special Projects of National Significance (SPNS) initiative, *Culturally Appropriate Interventions of Outreach, Access and Retention among Latino(a) Populations*, is a multi-site demonstration and evaluation of culturally specific service delivery models focused on improving health outcomes among Mexicanos and Puertoriqueños living with HIV disease. The initiative is funding ten demonstration sites for up to five years (2013-2018) to design, implement and evaluate innovative methods to identify Latinos/as who are at high risk or living with HIV, and improve their access, timely entry and retention in quality HIV primary care. This initiative is one of the first public health adaptations of the transnational approach, with interventions targeting HIV-infected Latino/a subpopulations living in the US that are specific to their country or place of origin. The University of California at San Francisco's Center for AIDS Prevention Studies will serve as the Evaluation and Technical Assistance Center (ETAC) for this initiative.

AFC's *Salud y Orgullo Mexicano* will identify prospective clients through three strategies: 1) a targeted Spanish language social marketing campaign; 2) in-reach through existing programs of AFC and Erie Family Health Center; and 3) outreach to agencies working with the target population and to clients at health fairs and community festivals.

***P**romotores de salud*, community health workers who are HIV-positive men of Mexican descent, will facilitate clients' timely entry, engagement, and retention in HIV primary care at Erie Family Health Center by providing culturally appropriate systems navigation, health education, medical adherence coaching, and peer counseling.

Eligibility Criteria for Salud y Orgullo Mexicano: 1) 8 years of age or older, 2) Identifies as Mexican/Mexican American, 3) HIV-positive, 4) First tested positive for HIV less than 6 months ago, 5) First tested positive for HIV greater than 6 months ago AND has experienced a gap in HIV care greater than six months in the past 24 months, and 6) Willing and able to provide informed consent.

The services of the SOM Project include:

- Primary care services provided at the Erie Family Health Center Lending Hands for Life Program
- Case Management services
- Peer Health Navigation Services that include developing individual action plans, assessing needs and participating in individual health education sessions.
- Ryan White funded services that clients' may qualify for

As part of the evaluation of the SOM Project, participants will be asked to complete a survey through an on-line mechanism every six months. The survey will take approximately 60 minutes to complete and you will receive a $20 gift card for your first survey and $25 for every survey every six months. Participation in the evaluation will remain anonymous and no identifying data will be collected.

Submitted by Cynthia Tucker, AIDS Foundation of Chicago, Vice President of Prevention and Community Partnerships, ILHPG member

ILLINOIS HIV PLANNING GROUP ILHPG NEWSLETTER

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